

WEMMH PTO/SB/21 (09-04)

Approved for use through 7/31/2008, OMB 0651-0032

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/643,197
		Filing Date	August 18, 2003
		First Named Inventor	William A. BASTIAN II RECEIVED
		Group Art Unit	2635 CENTRAL FAX CENTER
		Examiner Name	Shimizu, Matsuichiro
Total Number of Pages in this Submission	17	Attorney Docket Number	3436-13 SEP 23 2005

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached PTO-2038 Credit Card	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP		
Signature			
Printed Name	Charles P. Schmal		
Date	September 23, 2005	Reg. No.	45,082

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Signature	
Typed or printed name	Charles P. Schmal
Date	September 23, 2005

CPS.Ie 363487

Facsimile Transmitted to (571) 273-8300

SEP 23 2005

WEMMH PTO SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 585)

Application Number 10/643,197

Filing Date August 18, 2003

First Named Inventor William A. BASTIAN II

Examiner Name Shimizu, Matsuichiro

Art Unit 2635

Attorney Docket No. 3436-13

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, Mcnett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments to the above-identified deposit account.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	600	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
44	-35 or HP =9	x25	=225

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

x =0

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
8	-5 or HP =3	x100	=300

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	= /50	= (round up to a whole number)	x	0

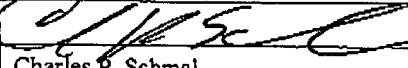
4. OTHER FEE(S)

Petition for Extension of Time (1 mo.) - Form PTO/SB/22

Fee Paid (\$)

60

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45,082	Telephone	(317) 634-3456
Name (Print/Type)	Charles P. Schmal			Date	September 23, 2005

3436-13 CPS.Ie 364660

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